

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>09,367714</i>	FILING DATE
								CLAIMS	
NUMBER	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NUMBER		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/		/		/		51		
2		/		/	/		52		
3		/		/		/	53		
4		/		/		/	54		
5		/		/		/	55		
6		/		/		/	56		
7		/		/		—	57		
8		/		/	/		58		
9		/		/		/	59		
10		/		/		/	60		
11		/		/		/	61		
12		/		/	/		62		
13		/		/		/	63		
14	8		/		/		64		
15	8			/		—	65		
16	8			/		—	66		
17	8			/		—	67		
18	8			/		—	68		
19	8			/		—	69		
20	1		/		/		70		
21	1			/		—	71		
22	8			/		—	72		
23	8			/		—	73		
24	8			/		—	74		
25	8			/		—	75		
26	8			/		—	76		
27							77		
28							78		
29							79		
30						—	80		
31						—	81		
32						—	82		
33						—	83		
34						—	84		
35						—	85		
36						—	86		
37						—	87		
38						—	88		
39						—	89		
40						—	90		
41						—	91		
42						—	92		
43						—	93		
44						—	94		
45						—	95		
46						—	96		
47						—	97		
48						—	98		
49						—	99		
50						—	100		
TOTAL IND.	1		1		7		TOTAL IND.		
TOTAL DEP.	26	→	25	→	15	→	TOTAL DEP.		
TOTAL CLAIM	27		24		22		TOTAL CLAIMS		